

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33297

State File No. _____

8932

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmen Desloge Hospital				d. STREET ADDRESS (If rural, give location) 4528 Thrush			
3. NAME OF DECEASED (Type or Print) Ethel		a. (First) _____ b. (Middle) _____ c. (Last) Nix		4. DATE OF DEATH (Month) (Day) (Year) 9-24-52			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED WIDOWED Married		8. DATE OF BIRTH March, 1899	
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Peter Grimm		13b. MOTHER'S MAIDEN NAME Catherine Miller		14. NAME OF HUSBAND OR WIFE Charles Nix	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Robert Nix			
18. CAUSE OF DEATH Enter only one cause for (a), (b), and (c) <i>24 hrs. not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of Breast & generalized metastases. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 24 hrs.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 9-2-52, 19, to 9-24-52, 19, that I last saw the deceased alive on 9-24-52, 19, and that death occurred at 10:25 A.M., from the causes and on the date stated above.							
23a. SIGNATURE William T. J. Jones MD				23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.		23c. DATE SIGNED 9-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-27-52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. SEP 25 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clement M. Quary

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

4-17-1950 Dwarcel Reese
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
City St. Louis } ss.
County St. Louis

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 33278
Local Registrar's No. 8932

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4th day of October, 1952, before me appears
Robert C. Nix, who, upon his oath, states that the original record of birth
for Echee Nix, died 9-24-, 1952, in the State of Missouri,
and which was filed at St. Louis, Mo. on 9-25-, 1952, should be corrected as follows:

Item No. 7 should read Dwarcel

Instead of my arrival

Item No. 14 should read Charles Nix Blank

Instead of Charles Nix

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Robert C Nix son
Affiant Relationship.

4528 I Aruep
Present Address.

Subscribed and sworn to before me this 4th day of October, 1952.

My Commission expires March 28, 1956.
Dorothy E. Skuman Notary Public.

Sup- 33278